

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

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95 MAY -1 PM 5: 17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

600001521486  
-06/23/95--01011--023  
\*\*\*\*200.00 \*\*\*\*200.00

DO NOT WRITE IN THIS SPACE.

CORPORATION ANNUAL REPORT <b>1995</b>		FLORIDA DEPARTMENT OF STATE Sandra B. Matham Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P94000016349 (0)**  
1. Corporation Name  
**Y ME MUSIC PUBLISHING, INC.**

Principal Place of Business <b>1515-1 NORTHWEST 167 STREET. #110 E-F MIAMI FL 33169</b>	Mailing Address <b>1515-1 NORTHWEST 167 STREET. #110 E-F MIAMI FL 33169</b>
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3. Date Incorporated or Qualified <b>02/23/1994</b>	3a. Date of Last Report <b>02/23/94</b>
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2. Principal Place of Business 21 <b>1810 N.E. 153 STREET</b>	2a. Mailing Address 26 <b>1810 N.E. 153 STREET</b>	4. FEI Number <b>65-0490739</b>	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
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22 <b>SUITE #4</b>	27 <b>SUITE #1</b>	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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23 <b>NORTH MIAMI BEACH, FL</b>	28 <b>NORTH MIAMI BEACH, FL</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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24 <b>33162</b>	25 <b>DADE USA.</b>	29 <b>33162</b>	30 <b>DADE USA.</b>	8. This corporation has liability for intangible tax under § 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BERCUSON, DAVID**  
**9130 S. DADELAND BLVD., TWO DATRAN CENNTER**  
**STE. 1704**  
**MIAMI FL 33156**

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	<b>FL</b>
83	
84 City	

11. Pursuant to the provisions of Sections 607 0502 and 607 1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607 0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**12. OFFICERS AND DIRECTORS**

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

11 TITLE <b>D</b>	12 NAME <b>BERCUSON, DAVID</b>
13 STREET ADDRESS <b>9130 S. DADELAND BLVD., STE. 1740</b>	14 CITY ST ZIP <b>MIAMI FL 33156</b>

11 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	12 NAME
13 STREET ADDRESS	14 CITY ST ZIP

11 TITLE <b>D</b>	12 NAME <b>WASHINGTON, ALTON</b>
13 STREET ADDRESS <b>1515-1 NORTHWEST 167 ST., STE.110 E-F</b>	14 CITY ST ZIP <b>MIAMI FL 33169</b>

21 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	22 NAME <b>D</b>
23 STREET ADDRESS <b>WASHINGTON, ALTON</b>	24 CITY ST ZIP <b>1810 N.E. 153 ST., STE. 1&amp;4</b>
25 CITY ST ZIP <b>NORTH MIAMI BEACH, FL 33162</b>	26 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition

11 TITLE	12 NAME
13 STREET ADDRESS	14 CITY ST ZIP

31 TITLE	32 NAME
33 STREET ADDRESS	34 CITY ST ZIP

11 TITLE	12 NAME
13 STREET ADDRESS	14 CITY ST ZIP

41 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	42 NAME
43 STREET ADDRESS	44 CITY ST ZIP

11 TITLE	12 NAME
13 STREET ADDRESS	14 CITY ST ZIP

51 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	52 NAME
53 STREET ADDRESS	54 CITY ST ZIP

11 TITLE	12 NAME
13 STREET ADDRESS	14 CITY ST ZIP

61 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	62 NAME
63 STREET ADDRESS	64 CITY ST ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110 07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

APRIL 28, 1995 (305) 919-7331

SIGNATURE: \_\_\_\_\_  
SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: \_\_\_\_\_ District Name: \_\_\_\_\_